

THE CITY OF SAN DIEGO

Emergency Water Regulations SDMC 67.38 Variance Request

Control #	Date RECD
Section I: Customer Information	
Name (Last, First MI):	
Account #:	
Service Address:	
Phone #: () Ema	il:
Section II: Property Information (For comme	ercial landscaping read Attachment A)
1. Total number of occupants (does not apply	to commercial variance requests):
2. Total irrigated landscape area:	_acres. 3. Size of fountain (if present):
4. Total size of pool(s)/spa(s) (if present):	gallons.
5. Meter size(s) (Check bill to determine):	
	specific Municipal Code from § 67.3803- § 67.3808 explanation. Attach additional pages if necessary.
•	modates your needs while achieving water reduction. If none, explain.
Section III: Administrative	
Processing Fee Check Number:	One processing fee per site- largest meter size applies)
Note: Fee is non-refundable. Make check pay based upon income. See Attachment B.	able to: City Treasurer. For residential customers, a fee waiver is available
 Meter between ¾" and 1" 	- \$25 processing fee
• 1 ½" meter	- \$50 processing fee
• ≥ 2"	- \$100 processing fee
be submitted to the City of San Diego, and that all additional information and/or inspection of the in	mation provided is truthful and correct. I understand that this form is required to I information provided is subject to verification by the City. The City may request sterior and exterior of the premises. Knowingly providing false or misleading are is subject to civil and criminal penalties, including, but not limited to, and up to \$1000.
Customer Signature:	Date:
	n Diego Public Utilities Dept., 525 B Street, Suite 300, San Diego, CA 92101. Variance requests s will be notified of determination by mail. For questions call (619) 533-5312/7548

Attachment A Commercial Landscape Irrigation Variance Form

Provide requested information for applicable condition. Staple additional information if necessary. Conditions 1-3 are more commonly used requests.

Condition 1: Current allowed watering times/specific days are insufficient to meet customers' requirements (§67.3806, b, 1). <u>May</u> be granted if the sum of run times per meter during peak season exceeds allowable hours or there are limitations to the watering window.

Meter #:	Meter size:		
Number of valves associated with:	Sum of run times per day during peak season:		
Limitations (if applicable) to watering wi	indow:		
Current designated days of the week pe	r address:		
Requested days of the week:	Reason for variance:		
Condition 2: Watering days do not a	llow for plant establishment (§67.3806, b, 5, C).		
Square foot measurement of area to	receive plant establishment:		
Location of plant establishment on s	ite (e.g., front yard, back yard):		
Anticipated planting date:	Length of plant establishment:		
Condition 3: Maintenance of existing risk factor in watering only on the de	g landscaping for fire protection (§67.3808, b, 1, B). If the Fire Department finds a esignated days of the week.		
Square foot measurement of area to	receive additional watering days:		
Location of brush management on si	ite (e.g., front yard, back yard):		
Requested watering schedule:			
Condition 4: Other landscape varian	ce requests. Use back of page if more space is needed.		

Attachment B

Residential Fee Waiver Guidelines and Procedures

Please refer to these qualifications and procedures when requesting a variance fee waiver. Fill out the form below and attach it to the variance request form. Public Utilities Department staff will determine whether qualifications are met.

Qualifications:

- 1. Applicant must be a domestic customer of the City of San Diego Public Utilities Department.
- 2. Applicant must request variance for property that is individually metered.
- 3. Water bill must be in applicant's name.
- 4. Applicant must not be claimed as a dependent on another's tax return.

Must provide proof of one of the following:

- 1. A utility bill showing participation in any low income assistance program.
- 2. Tax return demonstrating gross income at or below Federal Poverty Guidelines.

2014 HHS Poverty Guidelines				
Persons in Family or Household	Income Level			
1	\$11,670.00			
2	\$15,790.00			
3	\$19,790.00			
4	\$23,850.00			
5	\$27,910.00			
6	\$31,970.00			
7	\$36,030.00			
8	\$40,090.00			
For each additional person, add:	\$4,060.00			
Source: Federal Pegister Vol. 70 No.				

Source: Federal Register, Vol. 79, No. 14, January 22, 2014, pp. 3593-3594

Based upon the fee waiver guidelines listed above, I am qualified to apply for a fee waiver associated with my request for variance. I have attached as proof of qualification (circle one and include with variance request):

- 1) Utility bill showing participation in any low income assistance program
- 2) Tax return demonstrating gross income at or below Federal Poverty Guidelines

Date:		
Print Name: _	 	
Signature:		